

BUILDING PERMIT APPLICATION

Scott County Government Center $\,/\,200\,\,4^{\text{th}}$ Avenue West Shakopee, MN $\,55379\text{-}1200$ Office: (952) 496-8160

SITE INFORMATION Township	RMATION Township			Permit#	
Site Address:		City		Zip	
PROPERTY OWNER INFORMATION					
Name					
Address	City		State	Zip	
PROPERTY OWNER WAIVER FORM (ATTACHED)					
A Property Owner Waiver Form must be completed and submitted with the application if the Permit Applicant is also the Property Owner					
PERMIT APPLICANT INFORMATION (must complete Subcontractor Verification Form)					
Applicant Name	Phone #:	Phone #:		License Number	
Address	City	City		Zip	
Contact	Email				
PLEASE INDICATE PROJECT TYPE Residential or Commercial / Industrial					
☐ Addition	☐ Basement	☐ Basement Finish			
□ Deck / Porch	☐ Fire Sprink	☐ Fire Sprinklers / Alarm			
☐ Garage / Shed / Pole shed	☐ Manufactu	☐ Manufactured Home			
☐ New Home Construction	☐ Swimming	☐ Swimming Pool / Hot Tub			
☐ Repair / Alteration / Remodel	' '	☐ Other (Description)			
☐ Expired Permit Reactivation Request – Include letter of explanation. Reactivation fee is equal to the original permit fee up to a maximum reactivation fee of \$250.00					
☐ Request for Extension – Include letter of explanation (one time extension) \$15.00					
Cost of Labor & Materials:					
Project Description:					
I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance to provisions of the ordinances of Scott County, the State Mechanical and Building Codes, and rulings of the Building Department. I further agree that any plans and specifications submitted herein shall become part of this permit application.					
Signature of Applicant				Date:	
Printed Name of Applicant					
TOWNSHIP: Permits requiring township signature					
Township Signature	Township Printed Name		Date		



required to hold a surety bond.

(952) 496-8160.

Property Owner Waiver

The purpose of this form is to have property owners acknowledge their responsibilities to the Minnesota State Building Code, to Zoning Ordinances, and to other applicable rules and regulations when they are acting as general contractor in building projects.

Address or Parcel Number:

and Roofers, obtain a State License unless requirements. By signing this waiver, I atto myself. I claim to be exempt from the Stat	equires that all Residential Building Contractors, Remodelers they qualify for a specific exemption from the licensing est to the fact that I am building or improving my property by se license requirements because I am not in the business of his is the first residential structure that I have built or
I acknowledge that because I do not have a may otherwise have been entitled under N	a State License, I forfeit any mechanics lien rights to which I Jinnesota State Statute 514.01.
construction or improvement of this propelicensed by the State of Minnesota. I under and / or roofing activity is a misdemeanor	ndent contractors to perform certain aspects of the erty. Some of these contractors may be required to be rstand that unlicensed residential contracting, remodeling, under Minnesota State Statute 326.92, subdivision 1, and that the Contractors Recovery Fund in the event that any
	on this project, I am solely and personally responsible for any or Jurisdictional Ordinance in connection with the work
performed on this property.	
Printed Name of Property Owner	Signature
Project Address, City, State and Zip code	
 Date	
*Licensed residential building contractors	and remodelers are covered by the recovery fund. Licensed

residential roofers and manufactured home installers are not covered by the recovery fund but are

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of an individual contractor, please call the Scott County Building Inspections Department, at